

FILED NOV 24 1948
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1415a Belt Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Eva StCyr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. female / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph J. StCyr 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 5 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 8 hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Unknown Trower
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Amanda Parsons
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Ethelyn Rodenmeyer
(b) Address 1415a Belt Ave

17. (a) burial (b) Date thereof 11-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) NOV 15 1948 (b) J. B. Luster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1415a Belt Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1948 hour 2 minute 50 A.

21. I hereby certify that I attended the deceased from March 16, 1948, to Nov 12, 1948, and that I last saw him live on Nov 12, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death Thrombosis Duration _____

Due to arterial occlusion
Due to Respiratory causes of the uterus plus thrombosis
Other conditions Pregnancy within 3 months of death
Primary in uterus

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature D. F. Luster (M. D. or other) _____
Address 3720 Washington Date signed Nov 15 1948

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.